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** CONTINUING DATA ***** B.G. *

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** FOREIGN APPLICATIONS ***** B.G. *

NORWAY 20026218 12/23/2002

** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **

Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY UNITED KINGDOM	SHEETS DRAWINGS 7	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 4
35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

ADDRESS

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TITLE

Device for placement between the hands of a person performing chest compression and the chest of a patient

FILING FEE RECEIVED 1100	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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